

Formalized mentorship program for newly hired pharmacists

Research has shown that mentoring influences career choices and can positively affect personal development, mentee self-confidence, and research productivity.¹ In healthcare, mentoring can be crucial for the development of future leaders.²

A formal mentorship program can ensure that mentoring is established as a priority and that participation in mentorship is increased. However, in formalized programs, managers typically take on the responsibility of assigning mentors.³ When mentees take the initiative themselves to find a mentor, they invest in the experience and the outcomes more deeply.⁴ A balance between self-initiated mentorship and a formalized program is warranted.

At the University of North Carolina Medical Center, a formal mentorship program existed for pharmacy residents but not for permanent employees. The mentorship program for residents is well structured and continues to be a strong, recognized asset of the residency program each year. Recognizing the benefit this type of service could provide to newly hired pharmacists, we sought to implement a formalized mentorship program for permanent employees. To pilot this program, we began with pharmacists who worked in our hematology and oncology division. Mentees were identified as those pharmacists who had less than one year of practice experience. Mentee participation was mandatory, while mentor participation was voluntary. Pharmacists with greater than two years of oncology experience, not including postgraduate experience, were identified as potential mentors.

Mentees selected their mentors rather than having a mentor assigned by a manager, which aligns with research showing the importance of allowing mentors and mentees to assess their relationship before making a commitment.⁵ An e-mail was sent to 12 potential mentors by the clinical

manager with one reminder e-mail. Seven mentors expressed interest in participating and were asked to create mentorship profiles that included information about their practice area, training and education, experience, mentorship style, and preference on when and where to meet. These profiles were distributed to mentees for review after completion of their training (four to eight weeks) to allow them to acclimate and get to know potential mentors. The clinical manager asked mentees to approach potential mentors to discuss further details and assess their fit as a mentor–mentee pairing. Mentees then asked one individual to be their mentor and, once accepted by the mentor, notified the manager of the mentorship pairing.

Objectives of the mentorship program included building an open relationship to address issues, providing constructive feedback and support, ensuring progress and integration into the oncology pharmacy team, and supporting the growth of both the mentor and mentee. Meetings between mentor and mentee were required to occur at least monthly for 12 months but could be more frequent, depending on the mentee's needs or requests.

The program was initially implemented in the summer of 2013. There were a total of nine mentor–mentee pairs. Twelve months after program implementation, a survey was created to assess the mentorship program's effectiveness, participant engagement, and any changes that participants would find helpful. Results from the survey revealed that the program had been effective but that improvements were warranted.

Participants felt that the program was beneficial to them professionally. Mentees reported improved job satis-

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The Letters column includes the following types of contributions: (1) comments, addenda, and minor updates on previously published work, (2) alerts on potential problems in practice, (3) observations or comments on trends in drug use, (4) opinions on apparent trends or controversies in drug therapy or clinical research, (5) opinions on public health issues of interest to pharmacists in health systems, (6) comments on ASHP activities, and (7) human interest items about life as a pharmacist. Reports of adverse drug reactions must present a reasonably clear description of causality.

Short papers on practice innovations and other original work are included in the Notes section rather than in Letters. Letters commenting on an AJHP article must be received within three months of the article's publication.

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faction and felt more excitement about reaching their performance goals. They also agreed that selecting their own mentor improved their experience. All but one respondent agreed that all newly hired pharmacists should be paired with a mentor through this program. As far as areas for improvement, most respondents felt that program objectives were not clearly identified, and the majority of mentors indicated a desire for mentorship training.

With the majority of mentors and all mentees agreeing that the program was effective, the oncology mentorship program was continued, with improvements made according to the feedback received from the surveys.

During the second year of the program, mentees were again allowed to self-select their mentors. The objectives and requirements of the program were more clearly outlined to improve participant experience, specifying that mentors must (1) meet with mentees at least monthly for 12 months, (2) seek feedback from the mentee as well as their peers on the mentee's performance and provide constructive and supporting feedback on how to improve the relationship, (3) identify opportunities for the mentee to be involved in departmental, hospital, and professional initiatives and committees, (4) act as role models for the mentee, and (5) be active listeners for the mentee and provide support and encouragement when necessary. In addition, the program should provide the mentor with the professional growth of nurturing and leading peer pharmacists.

Mentees were required to choose mentors who practice in a coverage area different from their own. This was done to increase the mentee's level of interaction with established pharmacists outside of their day-to-day experience and to prevent potential prior familiarity from negatively

affecting the mentorship relationship. Mentor training is currently in development.

This formalized mentorship program for newly hired pharmacists was beneficial to the majority of mentees and mentors within the oncology service line. The program will be expanded to other service lines to ensure that all new pharmacist hires are connected with a mentor.

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Factors influencing pursuit of postgraduate year 2 pharmacy residency training

Postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) pharmacy residency programs are critical for providing additional education and advanced training after completion of the doctor of pharmacy degree program. PGY1 programs generally have a broad practice focus, and PGY2 programs have a more specialized focus, such as cardiology, oncology, nuclear, or pediatric pharmacy.¹ While the benefits of completing a residency have been previously described,²⁻⁶ no published study has specifically elucidated the factors motivating PGY1 residents to pursue a PGY2 residency.

To evaluate the motivational factors and barriers influencing current PGY1 and PGY2 pharmacy residents'

decision to pursue a PGY2 residency program, we conducted a Web-based survey directed toward all PGY1 and PGY2 residents attending the May 2014 Western States Conference, an annual conference that features residents presenting their research findings. The 3-point Likert-type scale survey (1 = very important, 2 = somewhat important, and 3 = not important) assessed motivational factors and barriers adapted from Bucci et al.⁷ and McCarthy and Weber.⁸ Of the 706 potential resident participants, 249 (35.3%) responded. Fifty-one surveys were deemed incomplete and excluded from the analysis, leaving a final cohort

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